i nês

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	U.S. Patent and Trademark	Office; U.S. DEPARTMENT OF COMMERC
Lindon the Deservoir Coduction Act of 1994	s, no persons are required to respond to a collection of information u	iniess it contains a velid OMS control numbi
CUMBL GIR Labotanoir Mannetion Wet at 1897	, no persona and reduction to the personal to the control of the personal to t	

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket	Attorney Docket Number				
		First Named Inve	ntor	HERPST, ROBERT D			
		COM	COMPLETE IF KNOWN				
		Application Number	er	/			
No Declaration	Declaration Submitted after Initial Filling (surcharge (37 CFR 1.16 (e)) required)	Filing Date		1000			
Submitted OR		Group Art Unit		11,42)			
with Initial Filing		Examiner Name					
As a below named inventor, I hereby declare that:							
My residence, mailing address, en	d citizenship are as stated	below next to my name.					
I believe I am the original, first and names are listed below) of the sub	sole inventor (if only one ject matter which is claime	name is listed below) or a ad and for which a patent	an original, i Lis sought o	irst and joint invento n the invention entiti	r (if plural ed:		
DISPOSABLE SAM	IPLE CARDS PO	e spectrosco	PIC A	WALYTICAL			
INSTRUMENTS AN	D METHODS O	F MANVEACTU	RG AN	O VIE THE	R30F		
				4			
	(Title of the	Invention)					
the specification of which	(1100 01 1110	W. C. Loui,					
is attached hereto							
OR .							
was filed on (MM/DD/YYYY)		as United State	es Application	on Number at PCT l	nternational		
	The state of the s				-		
Application Number	and was am	ended on (MM/DD/YYY)	0		(if applicable).		
I hereby state that I have reviewed amended by any amendment spec	l and understand the conte difically referred to above.	ants of the above identific	ed specifical	tion, including the ca	alms, as		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime	Certified Co	py Attached? NO		
•							
Additional foreign application	numbers are listed on a su	ipplemental priority data	sheet PTO/	SB/028 stached he	reto:		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to that Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

The same with the same than the same that : e£:

PTO/SB/01 (03-01)

Approved for use through 10/31/2002, OM8 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unitess it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Nur or Bar Code L		9 OR C	orrespondence address below	
Name		and the second s		
Address		1	T	
Chr.		State	ZIP	
City		State	AAT.	
Country	Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR :	A petition I	as been filed for this ur	nsigned inventor	
Given Name (first and middle [if #99]) Roisson Family Name HERPST				
inventor's Aung James 10-12-0 / Date				
Residence: City MAHWAH	State N	Country USA	Citizenship USA	
Mailing Address 11 TROTTERS LANE				
Chy MAHWAH	State N T	T ZIP 07430	Country USA	
NAME OF SECOND INVENTOR:	A petition ha	s been filed for this uns	gned inventor	
Given Name (first and middle [if any]) Family Name or Surname				
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
Сњу	State	ZIP	Country	
Additional inventors are being named on thesupplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.				

☐ "Total of ____

forms are submitted.

Please type a plus sig		U.S. Patent and Trademer	PTO/SE/81 (02-01) if for use through 10/31/2002. DMB 0651-0035 k Office; U.S. DEPARTMENT OF COMMERCE on unless it display a valid OMB control number.	
		Application Number		
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		Filing Date		
		First Named Inventor	HERPST, ROBERT	
		Title	DISPOSORLE SAMPLE CARDE FOR	
			TPSCTROSCOFIC GTS	
		Group Art Unit		
		Examiner Name		
		Attorney Docket Number		
			1,000	
t hereby appoin	t:			
N Grantisians	ers at Customer Number	26009	Place Customer Number Bar Code	
OR Practitione	as at Customer Number		Label here	
	r(s) named below:			
	Name	9,	egistration Number	
	Name	1/4	SCISUATION NOTICES	
			and the second s	
L				
	y(s) or agent(s) to prosecute the			
	nited States Patent and Tradema			
	e correspondence address for th	e above-identified appli-	cation to:	
	nentioned Customer Number.			
OR			Place Customer Number Bar Code	
	at Customer Number		Label here	
OR				
Firm or Individual Nam	.			
	18			
Address			A CHIPM	
Address			1710	
City		State	I Zip]	
Country				
Telephone		Fax		
I am the:				
	Inventor.			
	4	63 OED 6 74		
Assignee	of record of the entire interest. So tunder 37 CFR 3.73(b) is enclos	66 3/ CFR 3./1.		
Statement				
	SIGNATURE of Applic	ant or Assignee of Reco	rd	
Name	ROBERT D. HE	ager	<i></i>	
	1/ 8 Aus	Went		
Signature	100	2001		
Date	10-1	e anting internet as their resus	sentative(s) are required. Submit multiple	
forms if more than one sig	ne inventors or assignees of record of the mature is required, see below".	A Armie Illiaiest OL Meit Ichia	corrected at a codoment of our manifes	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the smourt of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.